

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40978
STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waverly</u>			c. CITY OR TOWN <u>Waverly</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location)		
Length of stay in lb <u>6 years</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Isaiah Cornillious Owens</u>			4. DATE OF DEATH Month Day Year <u>Nov. 10 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 4/1890</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Lee County, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Miss Ellen Johnson</u> <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Owens</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>509-12-9626</u>			
		17. INFORMANT Address <u>Wn. Owens Robinson, Kansas</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tuberculosis</u> Conditions, if any, which gave rise to above cause (c), stating the underlying cause last. DUE TO (b) <u>Chloroform</u> DUE TO (c) <u>Chloroform</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>480X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>11-7-57</u> <u>1 week</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-7-57</u> to <u>11-10-57</u> and last saw him alive on <u>11-10-57</u> Death occurred at <u>3:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Isaiah Owens</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Waverly</u>		22c. DATE SIGNED <u>11-11-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/13/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Waverly, Mo.</u>	
24. FUNERAL DIRECTOR <u>Bailey Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>11-11-1957</u>		26. REGISTRAR'S SIGNATURE <u>Morris O. Bailey</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Morris O. Bailey

Licensed Embalmer No. 4887

P. O. Address W. Bailey, Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.